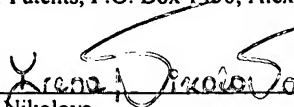




CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 11, 2005.

  
Irena R. Nikolova

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: January 11, 2005

ADIBA et al.

Confirmation No: 9418

Serial No.: 10/789,326

Group Art Unit: 2171

Filed: February 26, 2004

Examiner: To Be Assigned

For: FAULT TOLERANT MECHANISM TO HANDLE INITIAL LOAD OF REPLICATED  
OBJECT IN LIVE SYSTEM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 C.F.R. §1.97

Sir:

Pursuant to 37 C.F.R. §1.97 and §1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO-1449. The Examiner is requested to make these documents of record. This Information Disclosure Statement is being submitted:

- ☐ With copies.
- ☐ Without copies. Copies of the documents were previously submitted in an Information Disclosure Statement and/or Office Action, directed to the related application Serial No. \*\*, filed \*\*. This protocol conforms with 37 C.F.R. §1.98(d) and M.P.E.P. 609 (A)(2).
- ☒ This Information Disclosure Statement is being submitted with only copies of non-U.S. patent publication(s) and non-patent literature. This protocol conforms with 37 CFR 1.98(a)(2)(i), which waives the requirement for submitting a copy of each cited U.S. Patent and each U.S. patent application publication for all U.S. national patent applications filed after June 30, 2003.


- ☐ The documents listed on the attached Form PTO-1449 were cited in a Search Report directed to a counterpart international or foreign application.
- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☒ Within three months of the application filing date, or before mailing of a first Office Action on the merits.
- ☐ Before the mailing of a first Office action after the filing of a request for continued examination under §1.114.
- ☐ After receipt of a first Office Action on the merits, but before the mailing date of a Final Office Action under §1.113, or a Notice of Allowance §1.311. Accompanied by one of:
- ☐ Certification under 37 CFR §1.97(e); or
- ☐ The fee set forth in §1.17(p)
- ☐ After mailing of a final Office Action or Notice of Allowance, but on or before payment of the issue fee. Accompanied by:
- ☐ Certification under 37 CFR §1.97(e); and
- ☐ The fee set forth in §1.17(p)
- ☐ A Certification under 37 C.F.R. §1.97(e) is provided below:
- ☐ I hereby certify that each item of information was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement.
- or-
- ☐ I hereby certify that no item of information was cited in a communication from a foreign patent office in a counterpart foreign application or, to the best of my knowledge after making a reasonable inquiry, was known to any individual designated in 37 C.F.R. §1.56(c) more than three months prior to the filing of this Information Disclosure Statement.

Applicants would appreciate the Examiner initialing and returning the Form PTO-1449, indicating that the information has been considered and made of record herein.

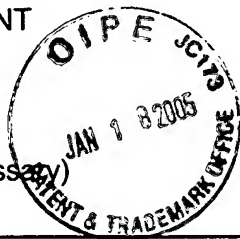
If any unresolved issues remain, please contact Applicant's attorney at the telephone number indicated below. The Commissioner is hereby authorized to charge any fees associated with this communication, or credit any overpayment, to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

January 11, 2005  
Date

Respectfully submitted,

  
\_\_\_\_\_  
Stephen G. Sullivan  
Attorney for Applicant(s)  
Reg. No. 38,329  
(650) 493-4540

FORM PTO-1449 (Modified)

LIST OF PATENTS AND PUBLICATIONS FOR  
APPLICANT'S INFORMATION  
DISCLOSURE STATEMENT

(Use several sheets if necessary)

ATTY. DOCKET NO.

SVL920040008US1 / 3055P

SERIAL NO.

10/789,326

APPLICANT:

ADIBA et al.

FILING DATE:

February 26, 2004

GROUP:

2171

## REFERENCE DESIGNATION

## U.S. PATENT DOCUMENTS

| EXAMINER<br>INITIALS |  | DOCUMENT<br>NUMBER | DATE       | NAME        | CLASS | SUBCLASS | FILING DATE<br>(IF APPRO.) |
|----------------------|--|--------------------|------------|-------------|-------|----------|----------------------------|
|                      |  | US 5,806,075       | 09-08-1998 | Jain et al. |       |          |                            |
|                      |  | US 6,438, 558      | 08-20-2002 | Stegelmann  |       |          |                            |
|                      |  | US 6,668,260       | 12-23-2003 | Zoltan      |       |          |                            |
|                      |  |                    |            |             |       |          |                            |
|                      |  |                    |            |             |       |          |                            |
|                      |  |                    |            |             |       |          |                            |

## FOREIGN PATENT DOCUMENTS

|  |  | DOCUMENT<br>NUMBER | DATE | COUNTRY | CLASS | SUBCLASS | Translation |
|--|--|--------------------|------|---------|-------|----------|-------------|
|  |  |                    |      |         |       |          |             |
|  |  |                    |      |         |       |          |             |

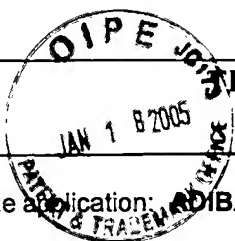
## OTHER ART (Including Author, Title, Date, Pertinent Pages, etc.)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

EXAMINER

DATE CONSIDERED

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.



|                  |   |
|------------------|---|
| TRANSMITTAL FORM | Attorney Docket No.<br><u>SVL920040008US1</u><br><u>3055P</u> |
|------------------|---|

In re the application: **ADIBA et al.**Confirmation No: **9418**Serial No: **10/789,326**Group Art Unit: **2171**Filed: **February 26, 2004**Examiner: **To Be Assigned**For: **Fault Tolerant Mechanism to Handle Initial Load of Replicated Object in Live System**

| ENCLOSURES (check all that apply)   |  |   |  |                                     |   |
|-------------------------------------|--|---|--|-------------------------------------|---|
| <input type="checkbox"/>            | Amendment/Reply  | <input type="checkbox"/>  | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group      |
| <input type="checkbox"/>            | <input type="checkbox"/> After Final                         | <input type="checkbox"/>  | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Notice of Appeal                            |
| <input checked="" type="checkbox"/> | Information disclosure statement                             | <input type="checkbox"/>  | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Brief (in triplicate)                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> Form 1449                | <input type="checkbox"/>  | Drawings   | <input type="checkbox"/>            | Status Letter                               |
| <input type="checkbox"/>            | <input type="checkbox"/> (X) Copies of References            | <input type="checkbox"/>  | Petition   | <input checked="" type="checkbox"/> | Postcard                                    |
| <input type="checkbox"/>            | Extension of Time Request *                                  | <input type="checkbox"/>  | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/>            | Express Abandonment  | <input type="checkbox"/>  | Terminal Disclaimer                              |                                     |   |
| <input type="checkbox"/>            | Certified Copy of Priority Doc                               | <input type="checkbox"/>  | Power of Attorney and Revocation of Prior Powers |                                     |   |
| <input type="checkbox"/>            | Response to Incomplete Appln                                 | <input type="checkbox"/>  | Change of Correspondence Address                 |                                     |   |
| <input type="checkbox"/>            | Response to Missing Parts                                    | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to . |  |                                     |   |
| <input type="checkbox"/>            | <input type="checkbox"/> Executed Declaration by Inventor(s) |   |  |                                     |   |

| CLAIMS             |                                  |   |              |            |         |
|--------------------|----------------------------------|---|--------------|------------|---------|
| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE       | FEE     |
| Total Claims       | 0                                | 0                                       | 0            | \$ 50.00   | \$ 0.00 |
| Independent Claims | 0                                | 0                                       | 0            | \$200.00   | \$ 0.00 |
|                    |                                  |   |              | Total Fees | \$ 0.00 |

| METHOD OF PAYMENT                   |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                             |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.                |
| <input checked="" type="checkbox"/> | Charge any fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP) |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                      |
|--|--------------------------------------|
| Attorney Name                              | Stephen G. Sullivan, Reg. No. 38,329 |
| Signature                                  |                                      |
| Date                                       | January 11, 2005                     |

| CERTIFICATE OF MAILING  |                   |
|---|-------------------|
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| Type or printed name  | Irena R. Nikolova |
| Signature   |                   |